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## Sherri Padgett



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FORM	First Named Inventor	April 6, 2005							
1 214	Art Unit	Lowell C. Douglas S711							
	Examiner Name	Sebastiano Passantti							
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Under the Paparwork Reviewing Act of 1995, no persons are monitored to respond to a collection of information unless it displays a valid OMB portrol number. Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/010,999 TRANSM Filing Date April 6, 2005 For FY 2005 First Named Inventor Lowell C. Dauglas **Examiner Name** Sebastiano Passaniti Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3711 TOTAL AMOUNT OF PAYMENT 225.00 Attorney Docket No. DOUG 100 CIP METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify); Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check at that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the fitting fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.18 and 1.17 WARRING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 O 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee.(\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep, Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Total Sheets</u> Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) \_ / 50 = - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Small entity fee for 2 month Extension of Time under 37 CFR 1.136(a) \$225.00

SUBMITTED BY	Ø.	$\Delta$	11		
Signature	Theu	Pacet	Registr (Attorner	ation No. 42,971	Telephone 770-338-0817
Name (Print/Type)	Sherri Padgett	9			Date April 6, 2005

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